COMBINED (Includes Refe	DECLARATION Ference to PCT Intern	OR PATENT APPLICAT ational Applications)	TION AND I	POWER OF ATTORNEY	ATTORNEY'S DOCKET NUMBER						
As-a below nar	med inventor, I hereby	declare that:									
My residence, post office address and citizenship are as stated below next to my name.											
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:											
	DERIVATIVES				,						
the specif	ication of which (chec	k only one item below):									
	is attached hereto.										
	was filed as United States application										
	Serial No.										
	on										
	and was amended										
	on (if app	olicable).			•						
\boxtimes	was filed as PCT into	ernational application									
	Number PCT/EP200	4/012076									
on 26.10.2004, and was amended under PCT Article 19 on (if applicable).											
						I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.					
						I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.					
application below any one country	(s) designating at least foreign application(s)	nder Title 35, United States (gn application(s) for patent t one country other than the for patent or inventor's certif States of America filed by m s claimed:	United States	of America listed below and	y PCT international have also identified						
RIOR U.S. PRO	VISIONAL AND FORE	GN/PCT APPLICATION(S) A	ND ANY PRIO								
(if PCT, indicate "PCT") Germany		APPLICATION NUMB	ER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119						
		103 54 060.1		19.11.2003	YES NO						
					YES NO						
					YES NO						
					YES NO						
POWED OF A	TODNEY. A	I			YES NO						
Traverso (30,59 J. Branigan (40, application and	(5); John A. Sopp (33,1,921); Robert E. McCa transact all business in	ed inventor, I hereby appoint I 20,565); John R. Moses (24,98 03); Richard M. Lebovitz (37 rthy, (46,044); Jonathan G. Br the Patent and Trademark Off	,067); James I	E. Ruland (37,432); Nancy Axo	ney (32,542); Richard J.						
Send Correspon	dence to:Customer No.		phone No. 3/243-6333	D	irect Telephone Calls to:						



- 23599

PATENT TRADEMARK OFFICE

Combined Declaration for Patent Application and Power of Attorney (Continued) (Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

_	T			
2 0 1	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
		FINSINGER	Dirk	
	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Darmstadt		Germany
		STREET	Germany	
	POST OFFICE ADDRESS	Im Fiedlersee 5	CITY	STATE & ZIP CODE/COUNTRY
			Darmstadt	Germany, 64291
2 0 2	FULL NAME OF INVENTOR RESIDENCE & CITIZENSHIP	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
		BUCHSTALLER	Hans-Peter	
		CITY	CTATE OF FOREIGN FOR	
		Griesheim	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		STREET	Germany	Austria
1	POST OFFICE ADDRESS	Neckarstrasse 6	CITY	STATE & ZIP CODE/COUNTRY
			Griesheim	Germany, 64347
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
2	OF INVENTOR	BURGDORF	Lars	
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
3	CITIZENSHIP	Frankfurt am Main	Germany	Germany
1	POST OFFICE	STREET	CITY	STATE & ZIP CODE/COUNTRY
	ADDRESS	Gabelsbergerstrasse 21	Frankfurt am Main	Germany, 60389
 				Germany, 60389
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
2	OF INVENTOR	WIESNER	Matthias	
0 4	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	
		Seeheim-Jugenheim	Germany	COUNTRY OF CITIZENSHIP
		STREET	CITY	Germany
	POST OFFICE ADDRESS		Seeheim-Jugenheim	STATE & ZIP CODE/COUNTRY
		Beethovenring 10	Scenemi-Jugenneim	Germany, 64342
ĺ	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
2		AMENDT	Christiane	
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	
5	CITIZENSHIP	Darmstadt		COUNTRY OF CITIZENSHIP
			Germany	Germany
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
	ADDRESS	Barkhausstrasse 22	Darmstadt	Germany, 64289
	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
2		GRELL	Matthias	See
o	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	
6	CITIZENSHIP	Darmstadt	_	COUNTRY OF CITIZENSHIP
ľ	POST OFFICE ADDRESS		Germany	Germany
		STREET	CITY	STATE & ZIP CODE/COUNTRY
		Lindenweg 44	Darmstadt	Germany, 64291
		FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
2		SIRRENBERG	Christian	
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OR OFFI
7	CITIZENSHIP	Darmstadt	Germany	COUNTRY OF CITIZENSHIP
· H				Germay
ļ	POST OFFICE ADDRESS	STREET 10	CITY	STATE & ZIP CODE/COUNTRY
	ADDRESS	Taunusstrasse 10	Darmstadt	Germany, 64289

Combined Declaration for Patent Application and Power of Attorney (Continued)

ATTORNEY'S DOCKET NUMBER

	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
2 0 8		ZENKE	Frank	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		Darmstadt	Germany	Germany
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
	VDDKE22	Schulzengasse 7	Darmstadt	Germany, 64291
2 0 9	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	СІТУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
1 0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
1	RESIDENCE & CITIZENSHIP	CITY .	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
2	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
				1

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	2 9. MÄR 20	SIGNATURE OF INVENTOR 207	9. MÄR 200) (
SIGNATURE OF INVENTOR 202	2 9. MÄR 2006	SIGNATURE OF INVENTOR 208	DATE	20 001
SIGNATURE OF INVENTOR 203	2 9. MÄR 2006	SIGNATURE OF INVENTOR 209	DATE	,
SIGNATURE OF INVENTOR 204 DOHLS	DATE 2 9 . MÄR 2006	SIGNATURE OF INVENTOR 210	DATE	
SIGNATURE OF INVENTOR 2005 (high's New W	9. MÄR 2026	SIGNATURE OF INVENTOR 211	DATE .	
SIGNATURE OF INVENTOR 201	DATE 2 9. MÄR 2006	SIGNATURE OF INVENTOR 212	DATE	